

Name

in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Jane Addison.

MARYLAND

Died at Odenton TownAnne Arundel County

Date

of death 1903

Month

12

Day

2

Age

Years

Months

2

Days

15

Sex

FemaleColor or
RaceAfricanBirth-
placeMaryland

Occupation

InfantWhere Residing if not
at place of death" " "Married, Single
or WidowedName of Wife or
HusbandFather's
NameAlfred Addison IIFather's
BirthplaceMarylandMother's
Maiden NameMary RobinsonMother's
Birthplace" " "Name of person giving
InformationMary RobinsonHow related
to deceasedMother

CAUSES OF DEATH

Primary

Deep Cold

How long

2 Weeks

Immediate

Pneumonia

How long

Are the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianE. D. Joyce Seal

Address

Justice Wm. Pease, Act. Coroner
Millersville Md -Accident or Suicide?



Name
in
Full

Wm Anderson


CERTIFICATE OF DEATH

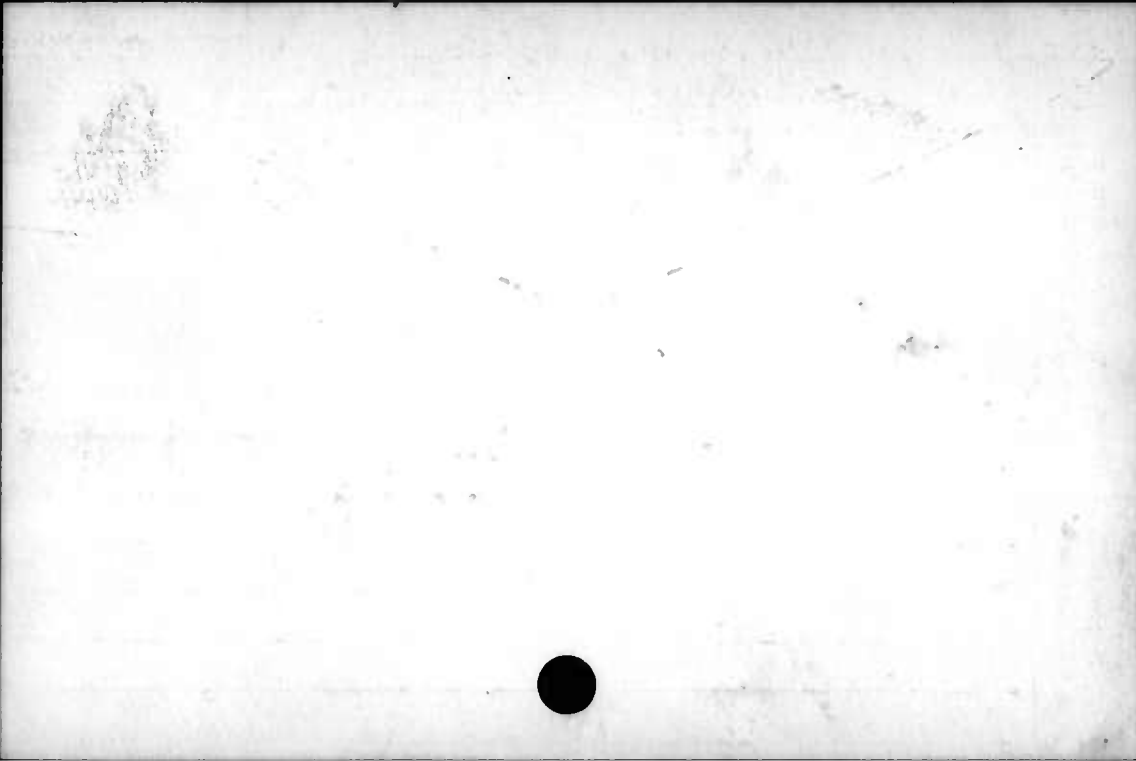
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Curtis Bay</i>		^{County} <i>Ac</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>12</i>	Day <i>4</i>	Age <i>36</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Sweden</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Moulder</i>		
Name of Wife or Husband <i>Annie Anderson</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>—</i>			How related to deceased <i>93</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. A. Brooke</i>
	Address 
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Francis Allard Beach

Died at ^{Town} Annapolis^{County} A.A. Co

MARYLAND

Date ^{Dec 6} of death 1903^{Month} Dec^{Day} 6Age ^{Years}

Months

Days

Sex Male

Color or
Race

White

Birth-
place

Annapolis

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Chas. C. Beach Jr

Father's
BirthplaceMother's
Maiden Name

Gertrude Gibbs

Mother's
BirthplaceName of person giving
In formation

Mrs Chas C Beach

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Tubercular Laryngitis

How long

Two months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Brewell S. Hephburn,

Address

Annapolis,
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

Recorded

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Martha B. Brashers

Town *Annapolis* County *Anne Arundel* MARYLAND

Died at *Annapolis*

Date of death *1903* Month *Dec.* Day *25.* Age *—* Years *—* Months *1* Days *—*

Sex *Female* Color or Race *White* Birth-place *Annapolis*

Occupation *—* Where Residing if not at place of death *—*

Married, Single ☒ Widowed ☐ Name of Wife or Husband *—*

Father's Name *Lillian Brashers* Father's Birthplace *Balto.*

Mother's Maiden Name *Helen B. Ryan* Mother's Birthplace *Prince Geo Co.*

Name of person giving Information *Father* How related to deceased *Do-*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

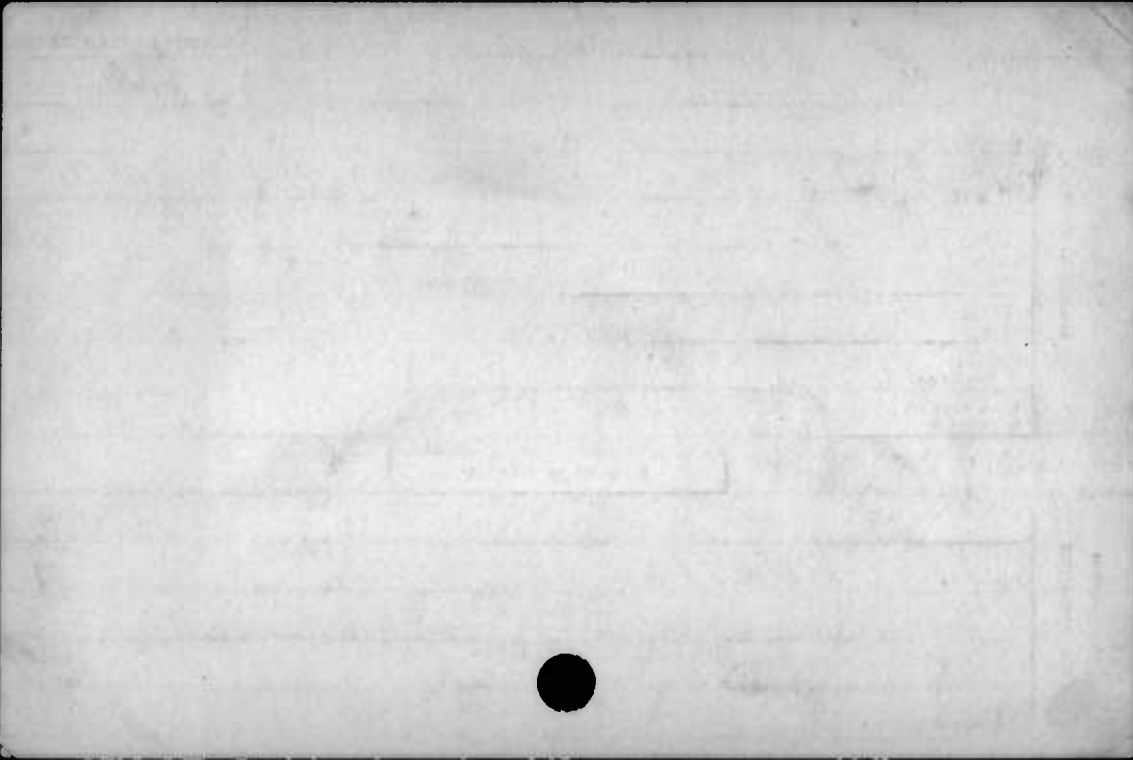
Primary *Imperfect Circulation & Emphysema Since birth* How long *—*

Immediate *Asthma & Heart Failure Since birth* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Chas. B. Zempel*

Address *Annapolis, Maryland*

Accident or Suicide? *Neither*



Name
in
Full

Matilda A Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Annapolis</i>		County <i>A A Co</i>		MARYLAND	
Date of death	<i>1903</i>	Month <i>Dec</i>	Day <i>14</i>	Age <i>42</i>	Years <i>42</i>	Months <i>1</i>	Days <i>18</i>
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth- place	<i>Annapolis</i>
Occupation	<i>Domestic</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Joseph S. Carroll</i>			
Father's Name	<i>Henry Bias</i>					Father's Birthplace	<i>Annapolis</i>
Mother's Maiden Name	<i>Catherine Bias</i>					Mother's Birthplace	<i>"</i>
Name of person giving Information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cardiac Asthma</i>	How long	
Immediate	<i>Heart failure</i>	How long	<i>a few minutes</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>William Bishop</i>
<i>yes</i>		Address	<i>14 Church Circle</i>
Accident or Suicide?		<i>John W Davis, Coroner</i>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Annapolis

Town

County

A H County

MARYLAND

Date

of death

1903

Month

Dec

Day

24

Age

Years

78

Months

Days

16

Sex

Male

Color or
Race

White

Birth-
place

St. Michaels

Occupation

Waterman

Where Residing if not
at place of deathMarried, Single
or Widowed

widowed

Name of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
information

Wm H. Caultk

Father's
BirthplaceMother's
BirthplaceHow related
to deceased

Son

CAUSES OF DEATH

Primary

Heart disease

How long

1 year

Immediate

Old Age

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Geo. Wells M.D.

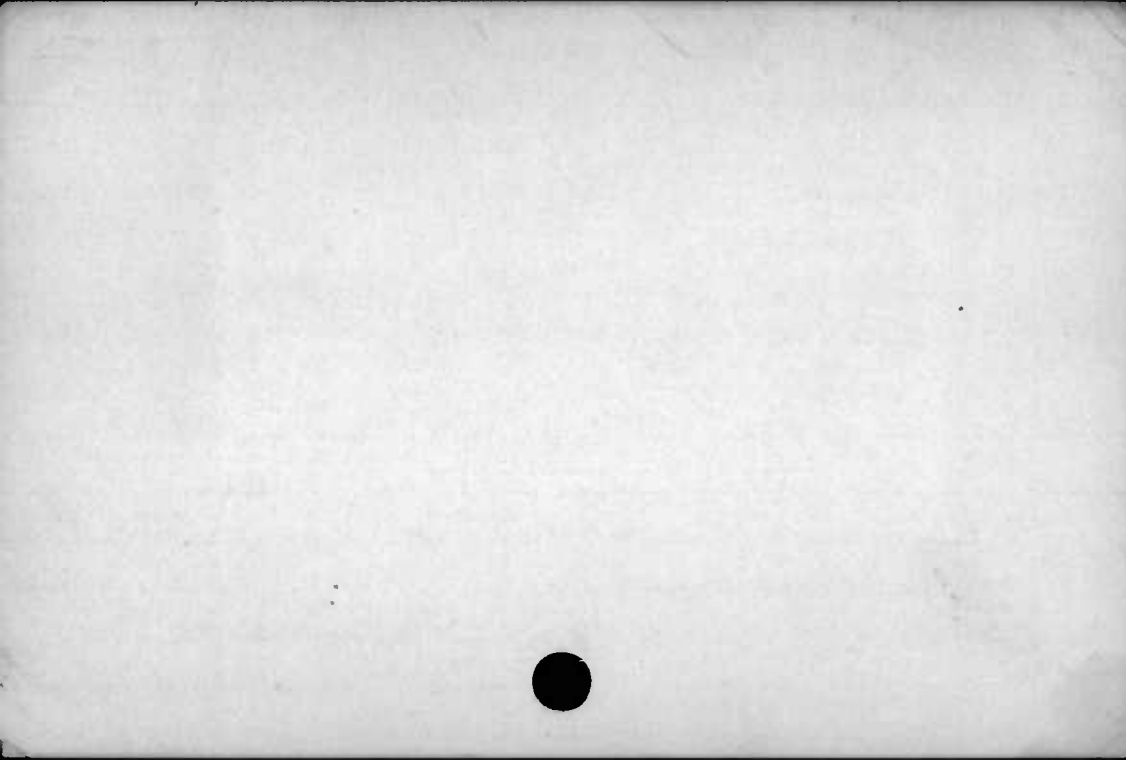
Address

Annapolis

Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Caroline Chapman

CERTIFICATE OF DEATH

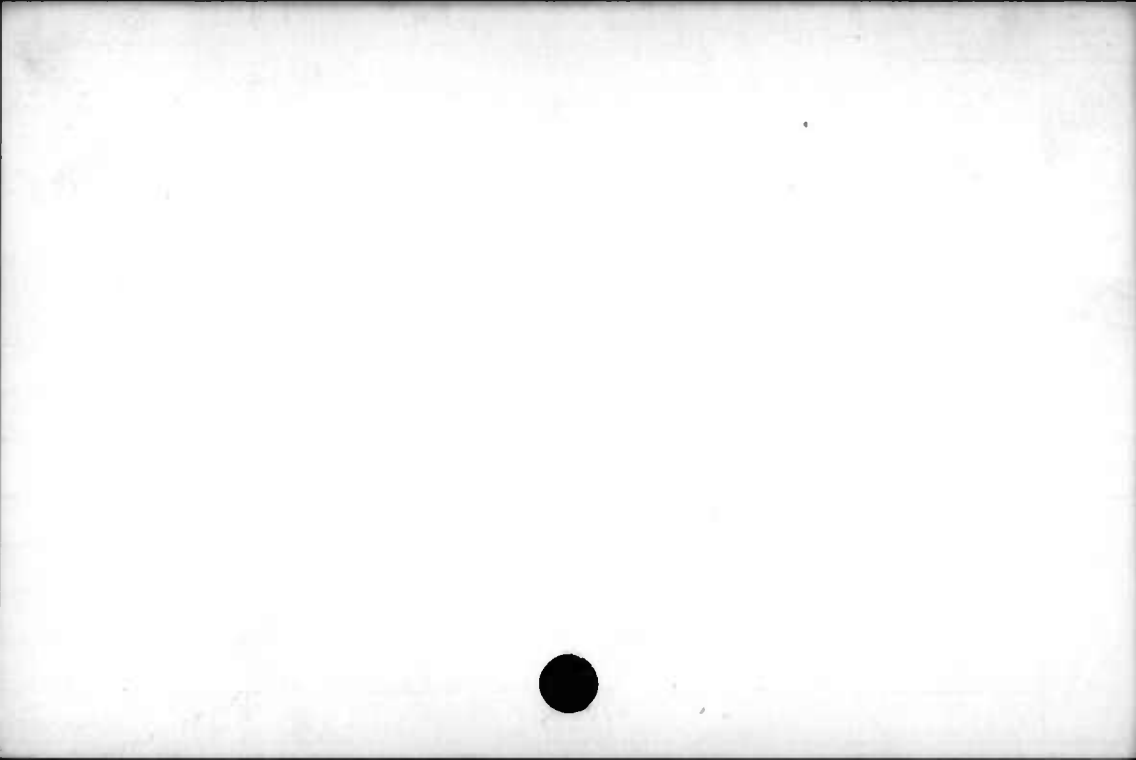
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Waterbury</i> Town		<i>A. A.</i> County		MARYLAND	
Date of death	<i>1903</i>	Month <i>Dec.</i>	Day <i>13</i>	Age <i>24</i>	Years <i>24</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Mo.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>"</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Chapman</i>				
Father's Name <i>Berry Lurren</i>	Father's Birthplace <i>A. A. Co. Mo.</i>			<i>"</i>	
Mother's Maiden Name <i>Sally Duggs</i>	Mother's Birthplace <i>"</i>			<i>"</i>	
Name of person giving Information <i>John Duggs</i>	How related to deceased <i>Uncle</i>			<i>"</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever.</i>	How long <i>10 days</i>
Immediate <i>Hemorrhage intestinal</i>	How long <i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>A. J. B. Gantt</i>
	Address <i>Millersville</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

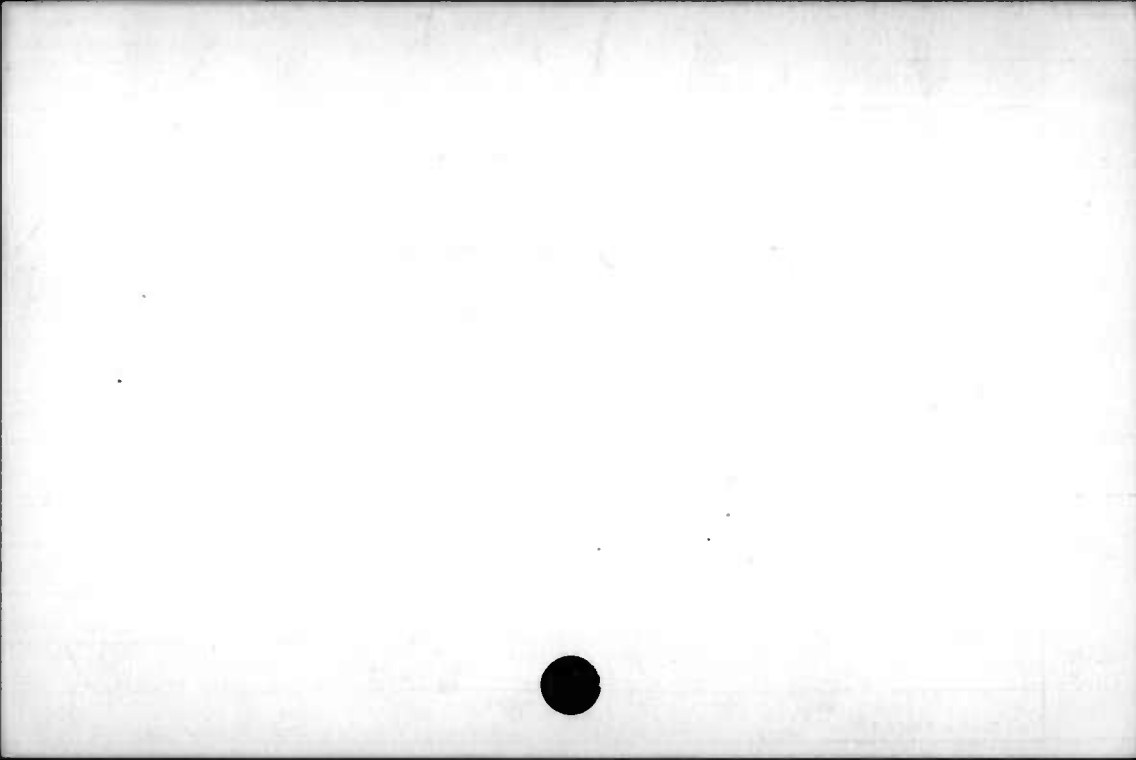
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John W. Edwards</i>		Town <i>Patterson</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at		Month <i>Dec.</i>		Day <i>15</i>		Age <i>28</i>	
Date of death <i>1903</i>		Years <i>28</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ohio</i>			
Occupation <i>U. S. Marine</i>		Where Residing if not at place of death <i>Marine Barracks Wash D.C.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>not known</i>		Father's Birthplace <i>not known</i>					
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>not known</i>					
Name of person giving Information <i>S. R. Trundell</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fell from Puma railroad train</i>		How long <i>—</i>	
Immediate <i>do</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Lemuel G. Kelbaugh, Jr.</i>	
		Address <i>Harmans, Maryland</i>	
Accident or Suicide? <i>Accident</i>		Coroner <i>Coroner</i>	



Name
in
Full

Mari' Elizabeth Hall

CERTIFICATE OF DEATH

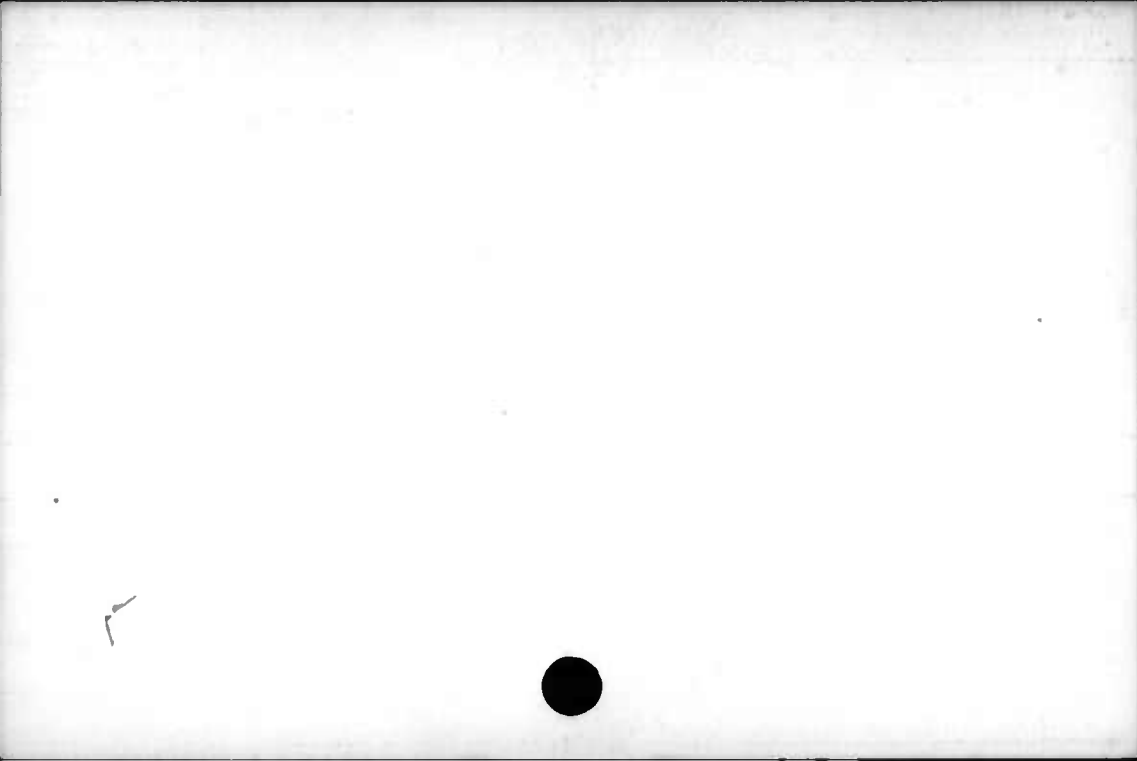
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Odenton</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death <i>1903</i>	Month <i>12</i>	Day <i>8</i>	Age <i>5</i>	Years <i>11</i>	Months <i>11</i>
Sex <i>female</i>	Color or Race <i>African</i>		Birth-place <i>Bowie P. G. Co. Md</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>			
Father's Name <i>Patrick Hall</i>		Father's Birthplace <i>Lanans St</i>			
Mother's Maiden Name <i>Emmeline Bonds</i>		Mother's Birthplace <i>Odenton Md</i>			
Name of person giving Information <i>Louisa Bonds</i>		How related to deceased <i>Grand Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastritis</i>	How long <i>3 Months</i>
Immediate <i>Cancer of Stomach</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. DuBois M.D.</i>
	Address <i>Gambrells Md</i>
<u>Accident or Suicide?</u>	



Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Brocklyn</i>				<i>A A</i>		MARYLAND	
		Date of death <i>1903</i>		Month <i>12</i>	Day <i>15</i>	Age <i>67</i>	Months <i>—</i>	Days <i>—</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>			
		Occupation <i>Housewife</i>				Where Residing if not at place of death <i>Brocklyn Md</i>			
		Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Charles Hart Love</i>					
		Father's Name <i>Jefferson, Smith</i>				Father's Birthplace <i>Virginia</i>			
		Mother's Maiden Name <i>Sarah</i>				Mother's Birthplace <i>Virginia</i>			
		Name of person giving Information <i>Geo H Smith</i>				How related to deceased <i>Brother</i>			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary <i>Grippe</i>				How long <i>6 days</i>			
		Immediate <i>Pneumonia</i>				How long <i>3 days</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>W. H. Johnson</i>			
						Address <i>Brocklyn Md</i>			
		Accident or Suicide? <i>No</i>							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Caroline Haste

Died at *Annapolis* ^{Town} *A A* ^{County}

MARYLAND

Date of death 190 *3* ^{Month} *Dec.* ^{Day} *22* ^{Years} *—* ^{Months} *—* ^{Days} *5*

Sex *Female* Color or Race *Colored* Birth-place *Annapolis*

~~Married, Single~~ *single* Occupation *—*

or Widowed

Name of Wife or Husband *—*

Father's Name *Harace Haste* Father's Birthplace *A A Co.*

Mother's Maiden Name *Mary Harris* Mother's Birthplace *A A Co.*

Name of person giving information *Harace Haste* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Convulsions* How long *2 days*

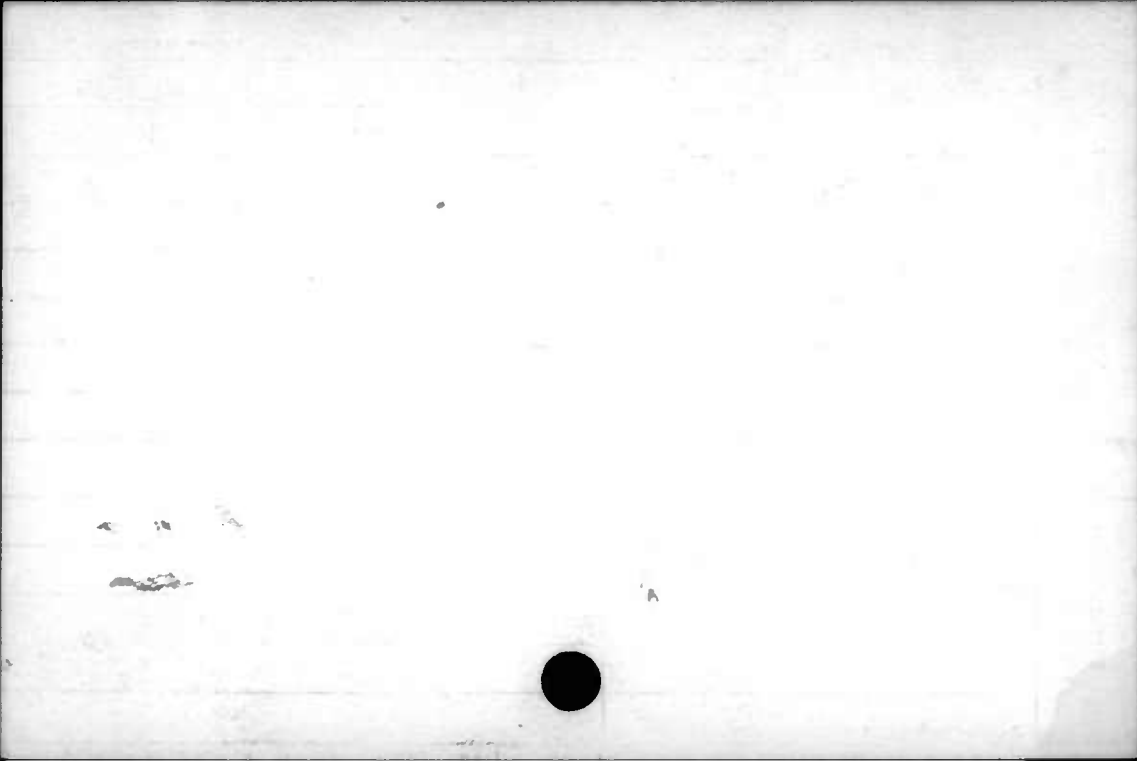
Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J A Adams*

Address *34 Calvert St*

Accident or Suicide? *Im*



Name

in
Full

Catherine Henkel

CERTIFICATE OF DEATH

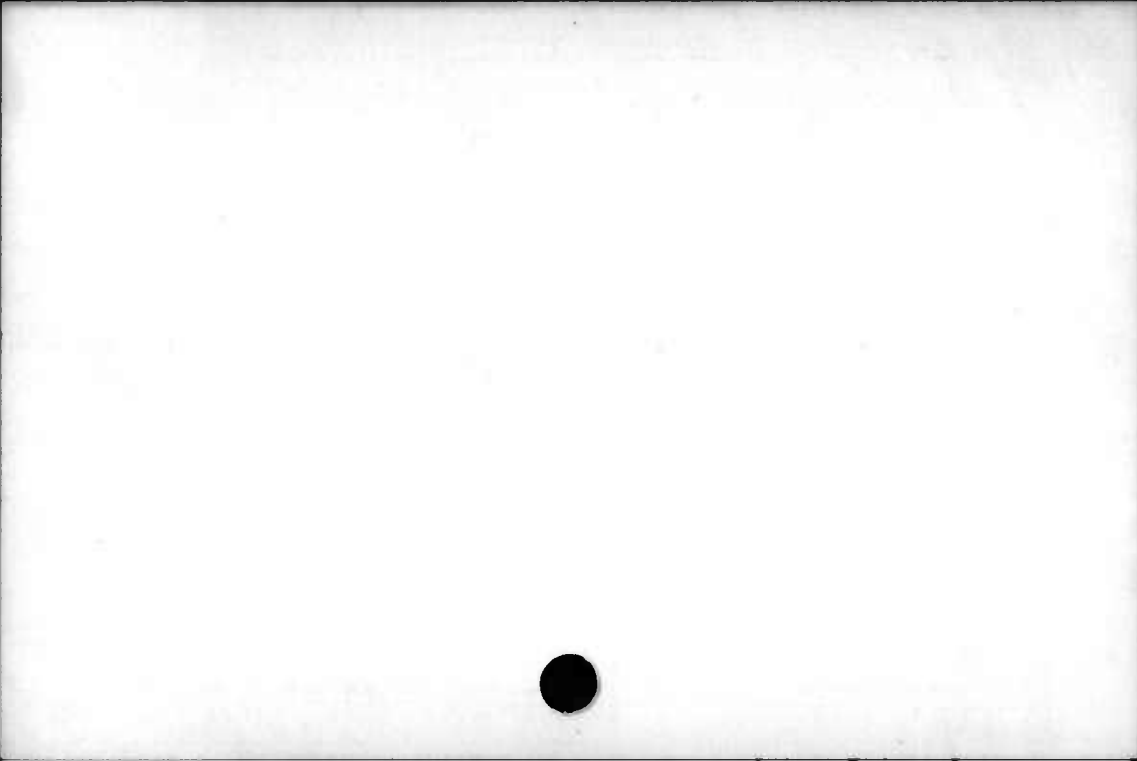
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1903		December	29	Age	72	nine	Six
Sex	Female		Color or Race	White		Birth-place	Germany
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name or Wife or Husband	Louis B. Henkel			
Father's Name	_____					Father's Birthplace	Germany
Mother's Maiden Name	_____					Mother's Birthplace	Germany
Name of person giving information	Charles B. Henkel					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis & Senility		How long	9 months
Immediate	Exhaustion & Heart Failure		How long	36 hours
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Charles B. Henkel
			Address	Annapolis, Maryland
Accident or Suicide?	_____			



Name
in
Full

Helen Howes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Churchton</u> ^{Town}		<u>A</u> ^{County} <u>A</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>Dec</u>	Day <u>22</u>	Age <u>2</u> Years	Months <u>9</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Walter E. Howes</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Elizabeth How Ford</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving Information <u>Walter E. Howes</u>			How related to deceased <u>Father</u>		

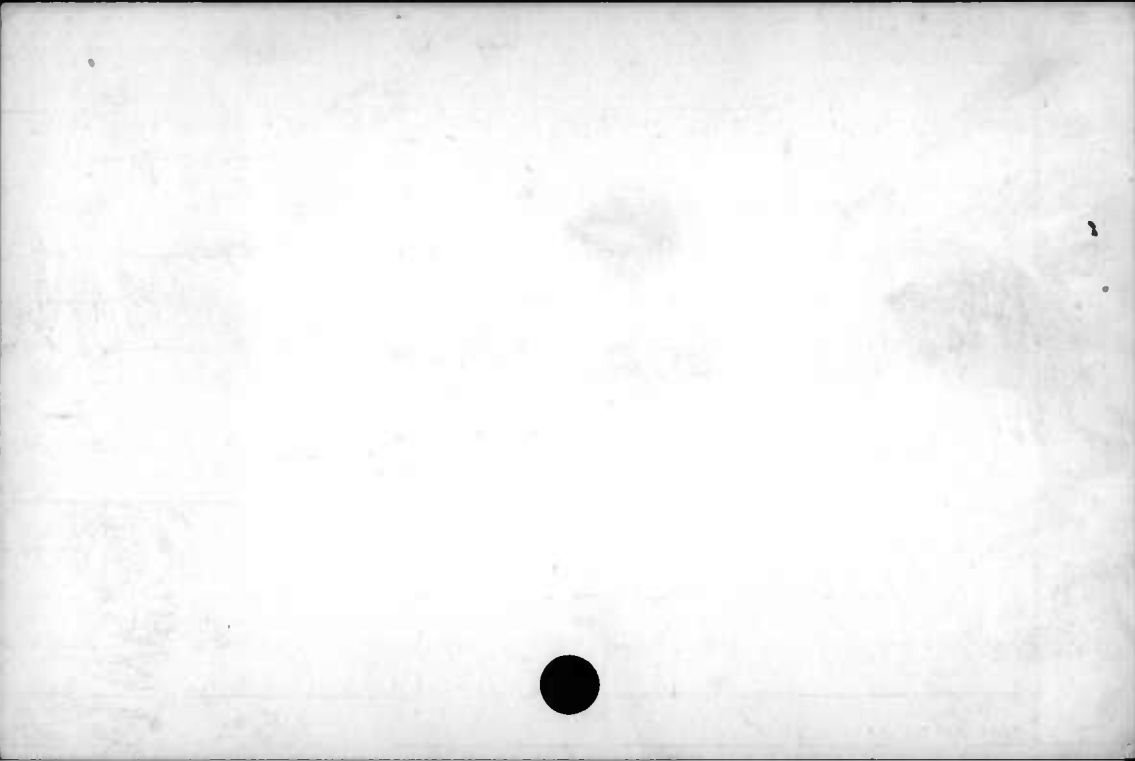
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Membranous Croup</u>	How long <u>1 day</u>
Immediate <u>Strangulation</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. T. Dent M.D.</u>
	Address <u>Churchton</u>
Accident or Suicide? <u>—</u>	<u>Ind</u>



Name in Full		John Hutchinson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death 1903		Month	Day	Years	Months	Days
	Sex		Color or Race		Birth-place		
	Married, Single or Widowed		Occupation				
	Name of Wife or Husband						
	Father's Name		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased					
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis			How long	
	Immediate		Apnea			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
	Yes			Address			
Accident or Suicide?		No.					



Name
in
Full

CERTIFICATE OF DEATH

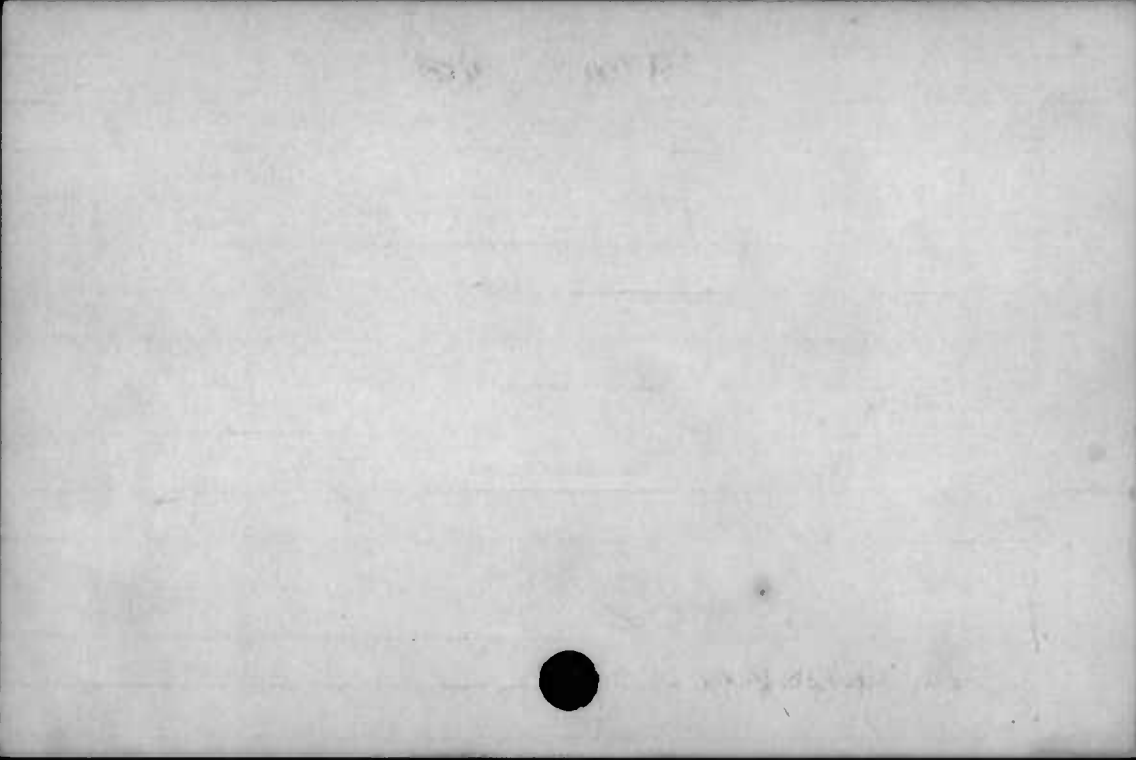
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Albert J. James</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		State MARYLAND	
Died at <i>Annapolis</i>		Month <i>Dec</i>		Day <i>31</i>		Years <i>16</i>	
Date of death <i>1903</i>		Month <i>Dec</i>		Day <i>31</i>		Age <i>16</i>	
Sex <i>Male</i>		Color or Race <i>Cel -</i>		Birth-place <i>Annapolis</i>		Months —	
Occupation —		Where Residing if not at place of death —		Days —			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —					
Father's Name <i>William James</i>		Father's Birthplace <i>Anne Arundel</i>					
Mother's Maiden Name <i>Emma Warren</i>		Mother's Birthplace <i>Annapolis</i>					
Name of person giving information <i>Elizabeth Warren</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Boas Abscess</i>	How long <i>Months</i>
Immediate <i>Asthma</i>	How long —
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Ridout</i>
	Address <i>Annapolis MD</i>
Accident or Suicide?	



Name
in
Full

Kapton Rob

CERTIFICATE OF DEATH

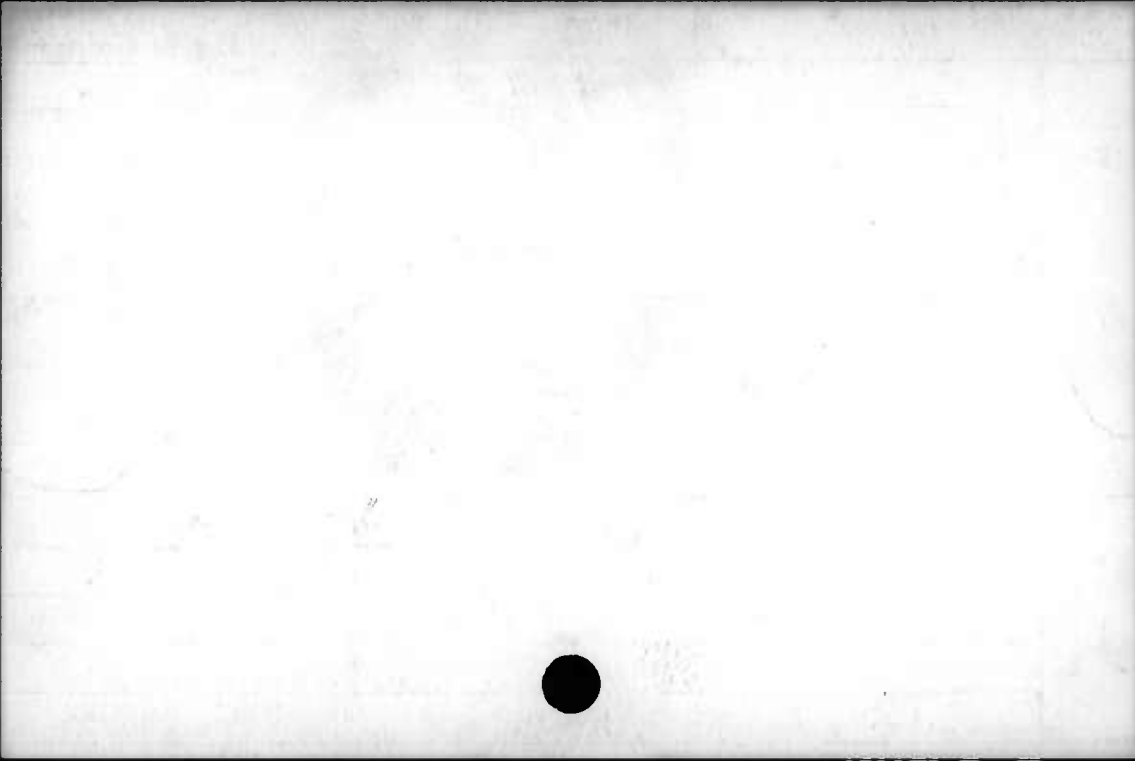
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Binfield</i> Town		<i>A. A.</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>Dec.</i>	Day <i>1</i>	Age <i>59</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Occupation <i>Miller</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Anne Boyteck</i>				
Father's Name <i>Does not know</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>" " "</i>	Mother's Birthplace <i>"</i>				
Name of person giving Information <i>Annie Klemmer</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	How long <i>6 mos.</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. V. Bryant</i>
	Address <i>Millersville Md</i>
Accident or Suicide?	



Name
in
Full

Ernest Lomax

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> Town		County <u>AA</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Dec</u>	Day <u>8th</u>	Age <u>2</u> Years	Months <u>3</u>	Days
Sex <u>Male</u>	Color or Race <u>colored</u>		Birth-place <u>city</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Ebenezer Lomax</u>			Father's Birthplace <u>city</u>		
Mother's Maiden Name <u>Barrie Parker</u>			Mother's Birthplace <u>city</u>		
Name of person giving Information <u>Father</u>			How related to deceased <u>93.</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>Five days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John Ridout M.D.</u>
	Address <u>Annapolis Md</u>
Accident or Suicide?	



Name
in
Full

Maggie Newman

CERTIFICATE OF DEATH

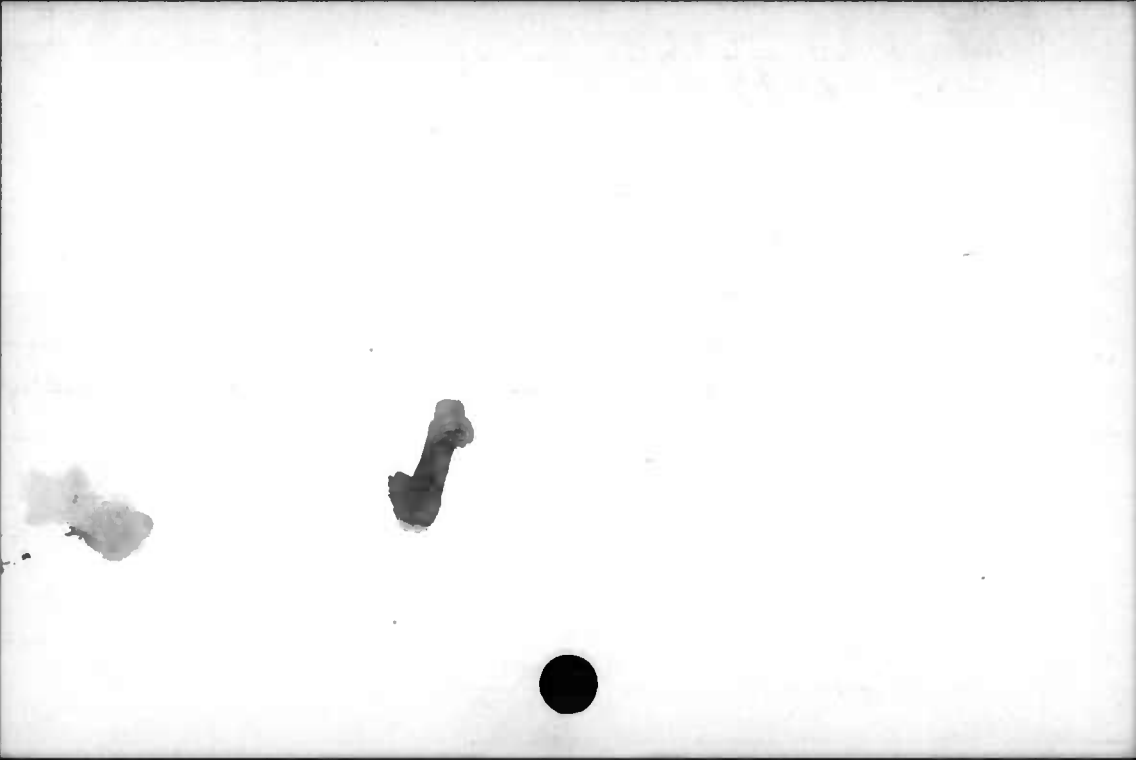
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>So. Baltimore</i>		County <i>a. a.</i>		MARYLAND	
Date of death	1903	Month	<i>Dec</i>	Day	28	Age	41
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Ireland</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death			
Married, Single <i>Widowed</i>	Name of Wife or Husband			<i>Gas. Newman</i>			
Father's Name	<i>Unknown</i>					Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>Mary Fahey</i>					Mother's Birthplace	<i>Ireland</i>
Name of person giving Information	<i>Gas Newman</i>					How related to deceased	<i>Husband</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>		How long	<i>about one year</i>
Immediate	<i>yes</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		
X		Signature of Physician <i>J. P. B. Fortson</i>		
		Address <i>So. Balto, Md.</i>		
Accident or Suicide?				



Name
in
Full

Thomas Lee Perry.

CERTIFICATE OF DEATH

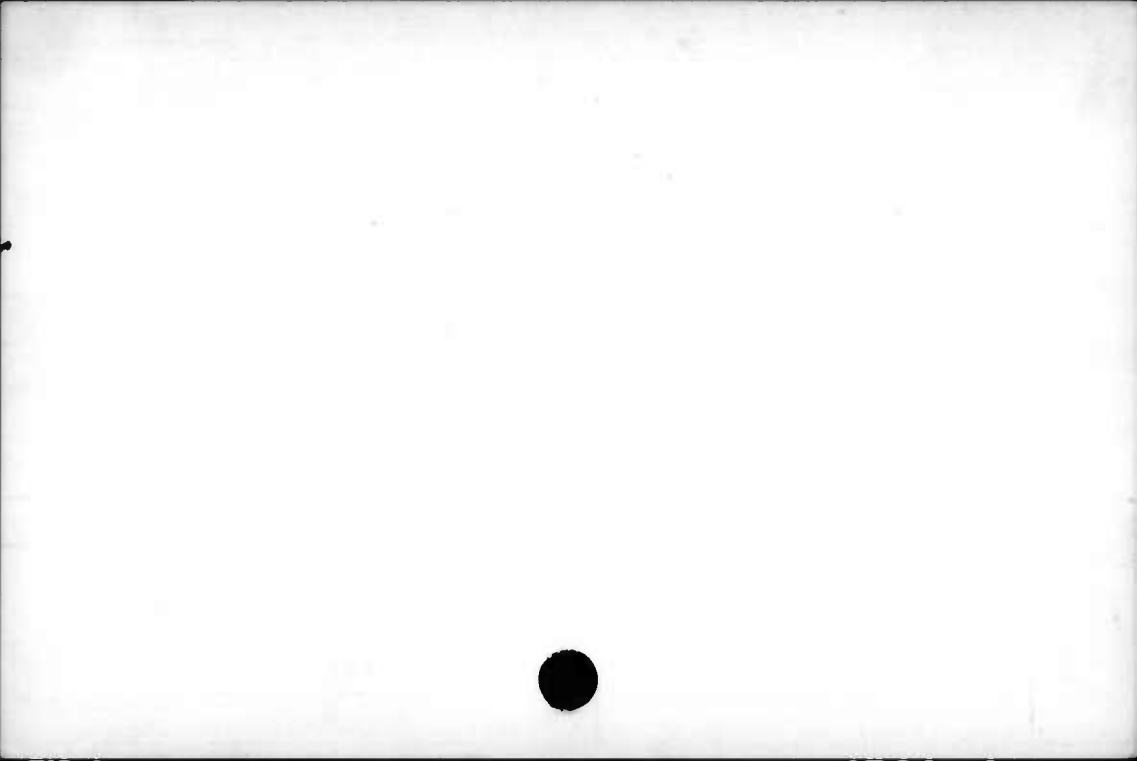
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} McKendree		^{County} Anne Arundel		MARYLAND	
Date of death 1903	Month Dec.	Day 29	Age Years 0	Months 7	Days
Sex Male	Color or Race White	Birth-place A. A. Co. Md.			
Married, Single or Widowed Single		Occupation			
Name of Wife or Husband					
Father's Name Thomas Lee Perry			Father's Birthplace A. A. Co. Md.		
Mother's Maiden Name Elidelia Sheekels			Mother's Birthplace Calvert Co. Md.		
Name of person giving information Thos. P. Woyson			How related to deceased None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia	How long 1 week
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician A. H. Perrie,
	Address McKendree, Md.
Accident or Suicide?	



Name in Full		Pindell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Annapolis</i>		Town		<i>A. A. Co.</i>		County
	Date of death <i>1903</i>		Month <i>Dec</i>		Day <i>30</i>		Age
	Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>		Months
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>				
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>Benjamin Pindell</i>		Father's Birthplace <i>West River Md</i>				
	Mother's Maiden Name <i>Rachel Tyler</i>		Mother's Birthplace <i>Annapolis</i>				
Name of person giving information <i>Martha Brice</i>		How related to deceased <i>—</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Still Born</i>		How long				
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Undertaker J. A. Adams</i>				
			Address <i>Annapolis</i>				
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

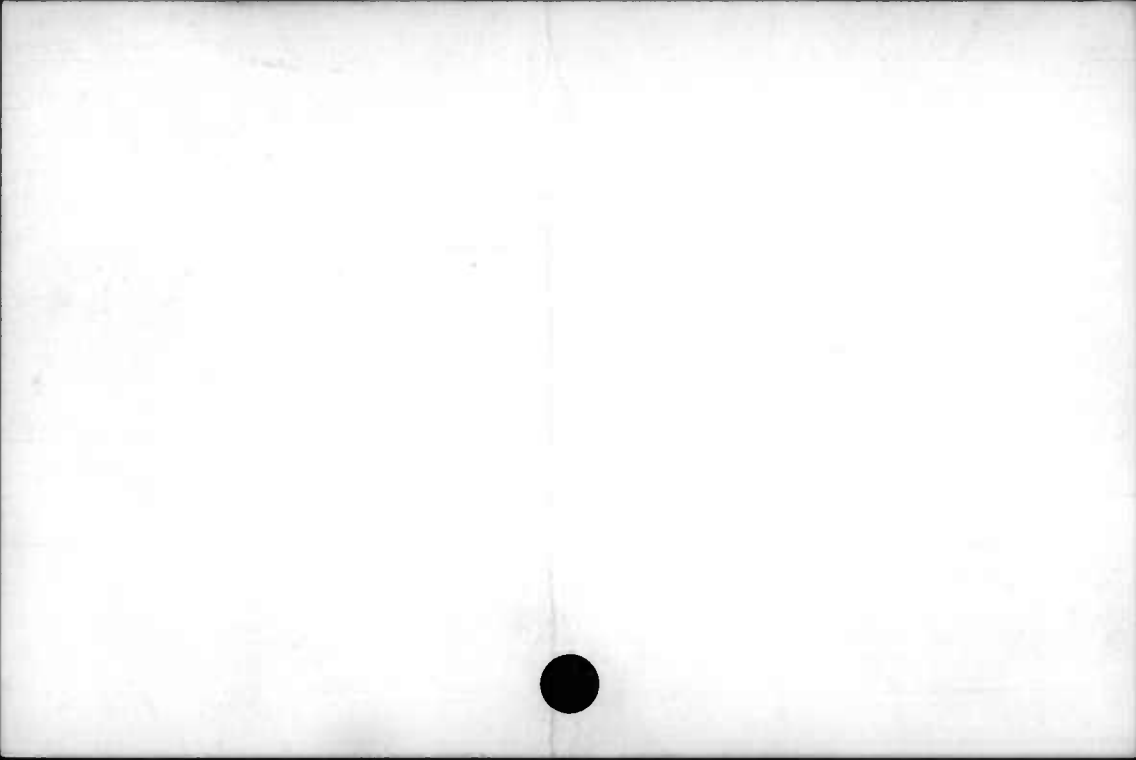
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Price</i>		Town <i>Fair Haven</i>		County <i>A. A.</i>		MARYLAND	
Died at <i>Fair Haven</i>		Month <i>Dec</i>		Day <i>14</i>		Age <i>80</i>	
Date of death <i>1903</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hartford Co</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>J. Robert Price</i>					
Father's Name <i>Sutton</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Henny Price</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Blood Poison</i>	How long <i>Three weeks</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Brayshaw</i>
	Address <i>Friendship Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

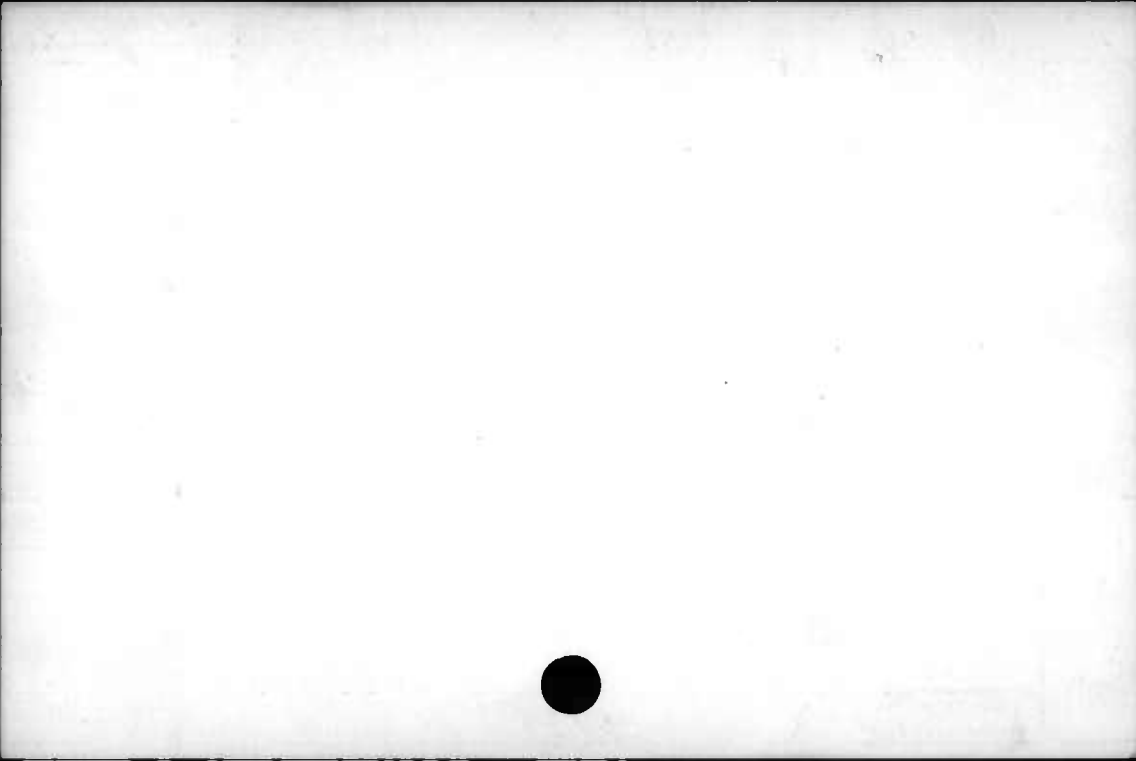
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Friendship</i> <small>Town</small>		<i>A. A.</i> <small>County</small>		MARYLAND	
Date of death <i>1903</i>	Month <i>Dec</i>	Day <i>19</i>	Age <i>66</i> <small>Years</small>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Calvert Co</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Susan V Prout</i>			
Father's Name <i>Richard Prout</i>		Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Sarah Smith</i>		Mother's Birthplace <i>Friendship</i>			
Name of person giving Information <i>Emmett Webb</i>		How related to deceased <i>Son in law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>Few minutes</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J L Brayshaw</i>
	Address <i>Friendship Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enterocolitis	How long	4 days
Immediate	Convulsions	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

Henrietta Sargeant

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Annapolis

Date

Month

Day

Age

Years

Months

Days

of death 1903

3

Dec

19th

Age

65

Sex

Female

Color or
Race

colored

Birth-
place

Md.

Married, Single
or Widowed

Married

Occupation

book

Name of ~~Wife~~
Husband

Forester Sargeant

Father's
Name

Unknown

Father's
Birthplace

Md

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Md

Name of person giving
In formation

Son-in-law

How related
to deceased

CAUSES OF DEATH

Primary

Influenza

How long

Immediate

Typhoid Pneumonia

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

John Ridout M.D.

Annapolis
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Sass

CERTIFICATE OF DEATH

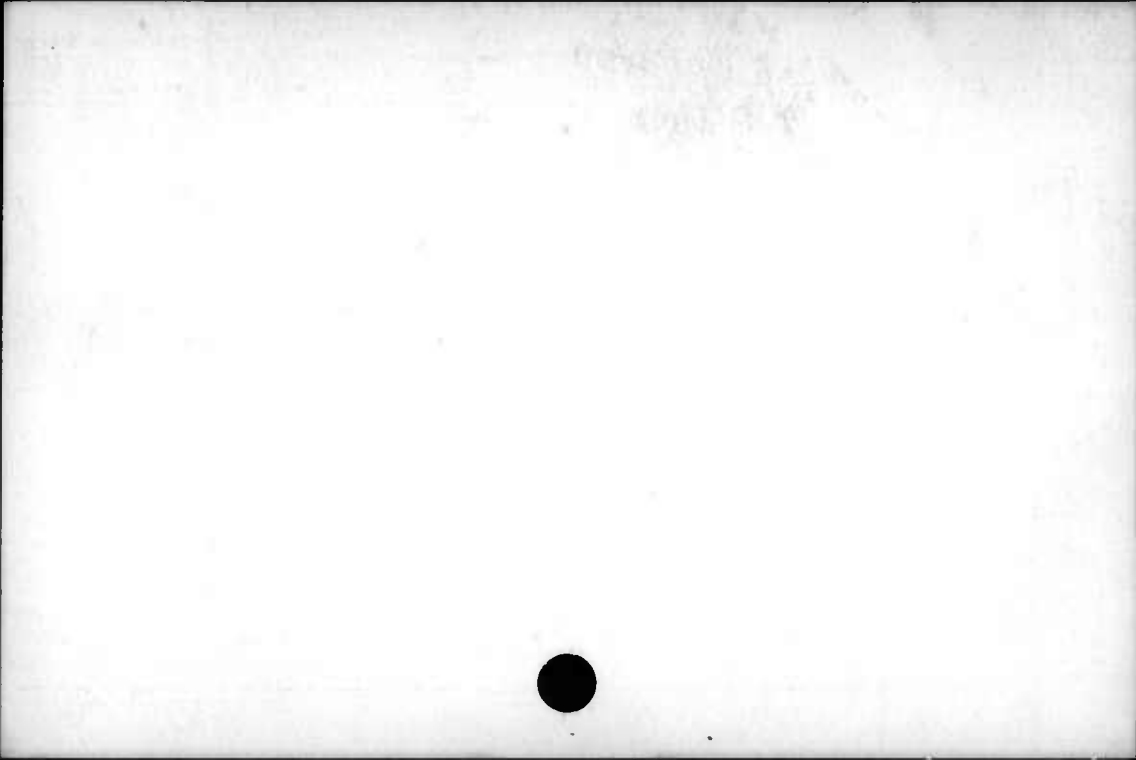
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Burgess</i>		County <i>Aa</i>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>Dec</i>	Day <i>22</i>	Age <i>6</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Married, Single or Widowed <i>Single</i>				Occupation			
Name of Wife or Husband							
Father's Name <i>James Sass</i>				Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Elizabeth Warren</i>				Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>James Sass</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Burned</i>		How long <i>1 Hour</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Thomas W. Bragshaw</i>	
		Address <i>Green Burial</i>	
Accident or Suicide? <i>Accident</i>			



Name
in
Full

Hazel Smith Sears

CERTIFICATE OF DEATH

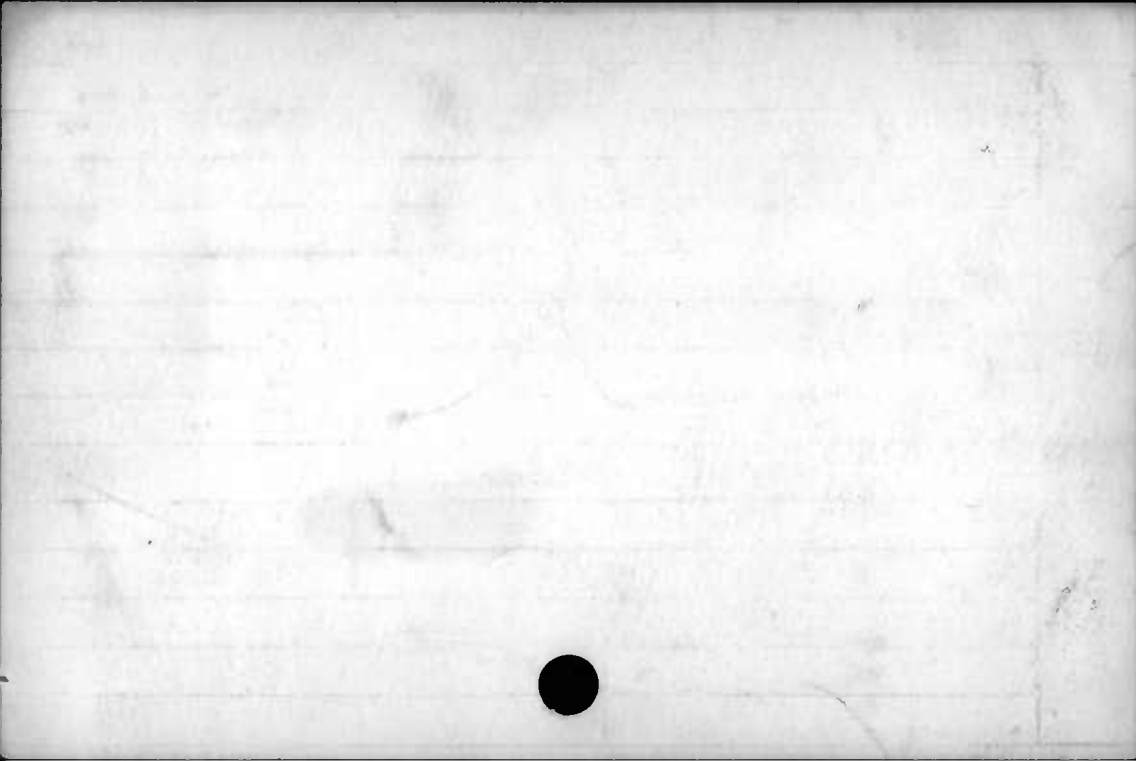
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 1903	Dec	23			eight	13	
Sex	Female		Color or Race	White		Birth-place	P. A. Co.
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Benj. W. Sears				106			
Mother's Maiden Name				Mother's Birthplace			
O. J. Smith				P. A. Co.			
Name of person giving information				How related to deceased			
L. A. Smith				Grandchild			

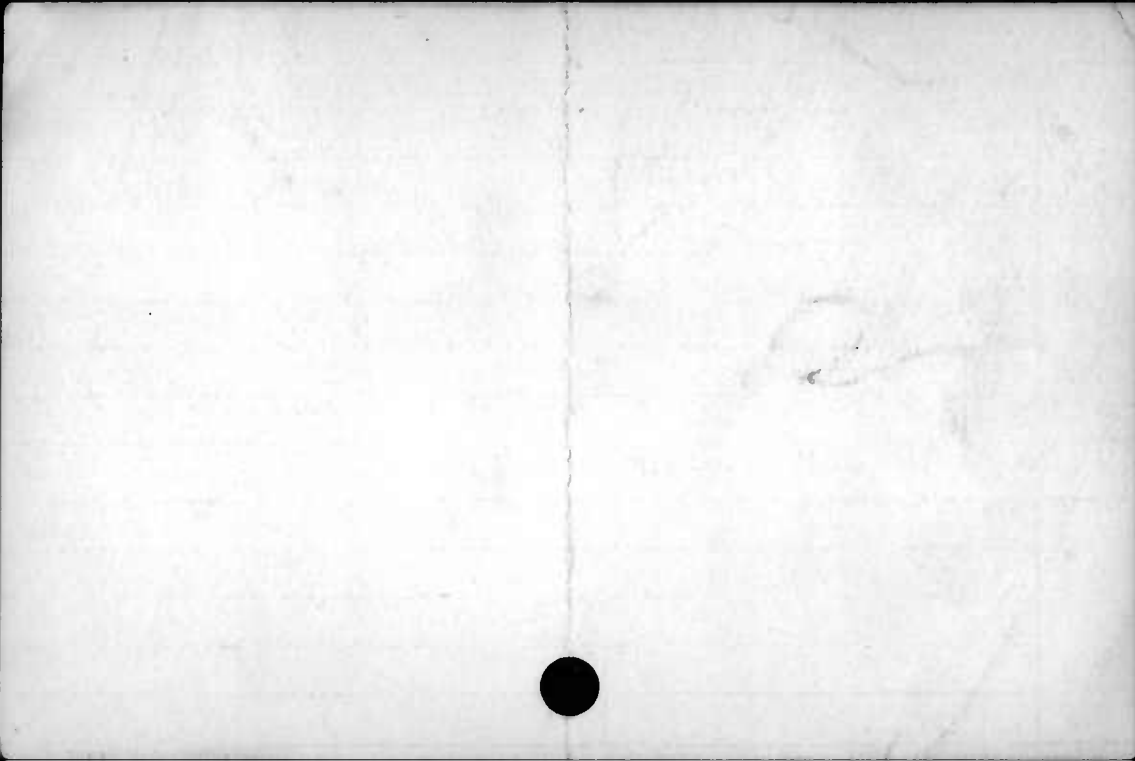
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Improper Food	How long	—
Immediate	Acute Enterocolitis	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Scwell S. Nephew
yes		Address	Annapolis Md.
Accident or Suicide?			



Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Home</i>				<i>Anne Arundel</i>		MARYLAND	
		Date of death 190 <i>3</i>		Month <i>Dec</i>		Day <i>12</i>		Age Years <i>5</i>	
		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>Maryland</i>		Months <i>5</i>	
		Married, Single or Widowed		Occupation				Days <i>7</i>	
		Name of Wife or Husband							
		Father's Name <i>Wm. Simons</i>				Father's Birthplace <i>Md</i>			
		Mother's Maiden Name <i>Mary Emma</i>				Mother's Birthplace <i>Md</i>			
		Name of person giving In formation <i>Wm. Simons</i>				How related to deceased <i>Father</i>			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		Immediate <i>Convulsions</i>				How long <i>3 days</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>Dr. Harrison Tongue</i>			
						Address <i>Elkridge</i>			
		Accident or Suicide?				<i>Md.</i>			



Name

in
Full

*Gilmer Leland Smith

CERTIFICATE OF DEATH

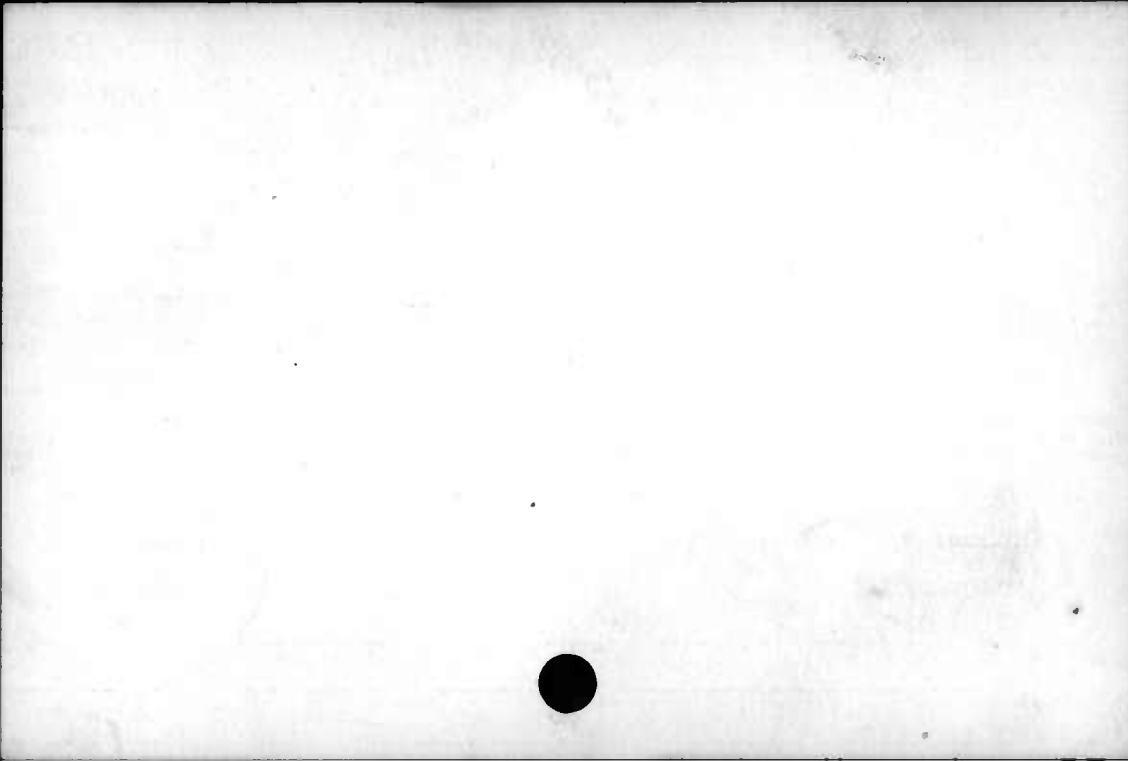
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Glen Burnie</i>		Town <i>Burnie</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>8</i>	Age	Years	Months <i>11</i>	Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>near Glen Burnie</i>			
Married, Single or Widowed <i>Single</i>				Occupation			
Name of Wife or Husband							
Father's Name <i>James Smith</i>				Father's Birthplace <i>A A Co</i>			
Mother's Maiden Name <i>Olivia Dukes</i>				Mother's Birthplace <i>A A Co</i>			
Name of person giving information <i>James Smith</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Diphtheria</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thomas H. Grayshaw</i>
	Address <i>Glen Burnie</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

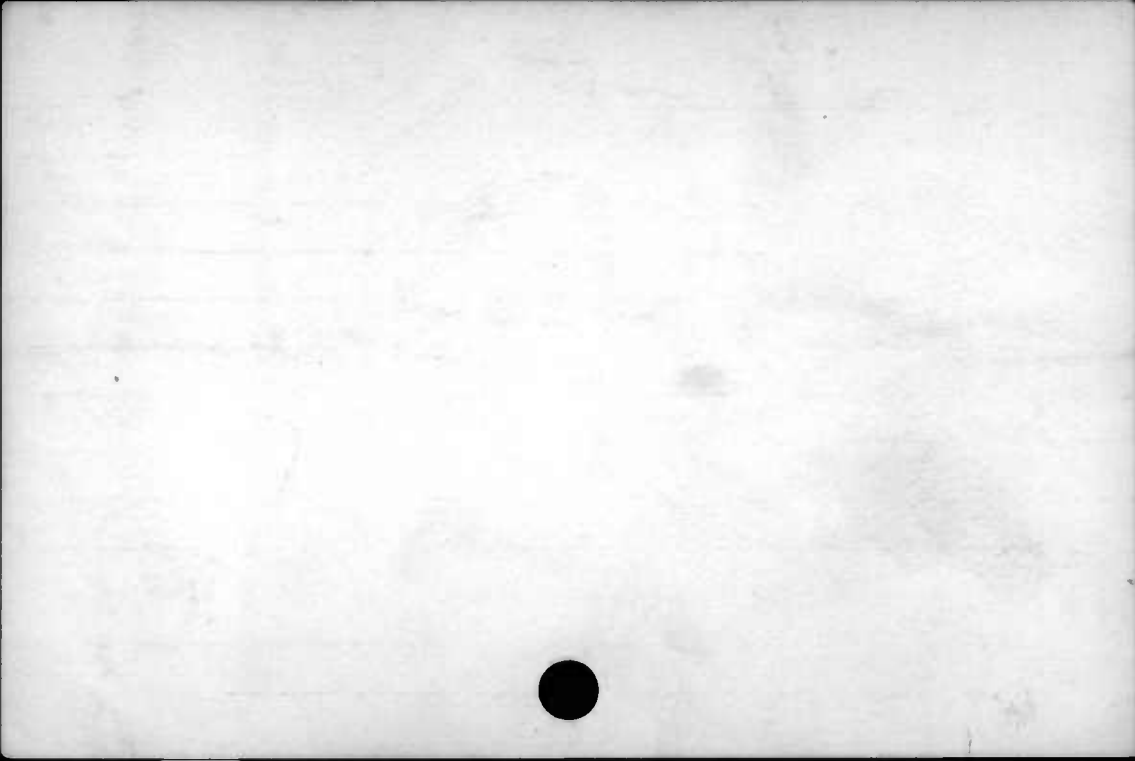
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Pearl Stepaney		Town		County		MARYLAND	
Died at		Annapolis		Date of death 1903		Month		Day	
Date of death 1903		Dec		3 rd		Age		1	
Sex		Female		Color or Race		Colored		Birth-place	
Married, Single or Widowed				Occupation				Annapolis	
Name of Wife or Husband				Father's Name		Wm Stepaney		Father's Birthplace	
Mother's Maiden Name		Mary Brown		Mother's Birthplace		Annapolis		Annapolis	
Name of person giving information		Father		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Dentition		How long		Several	
Immediate		Meningitis		How long		Days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		John Ridout	
Accident or Suicide?				Address		Annapolis	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Geo. H. Stewart

Died at *Churchton* ^{Town} *A A* ^{County}

MARYLAND

Date of death 1903 *Dec* ^{Month} *15* ^{Day} Age *74* ^{Years} Months *—* Days *—*

Sex *Male* Color or Race *Colored* Birth-place *Md*

Married, Single or Widowed *Widower* Occupation *Brick-layer*

Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *— Can get no history of family* Mother's Birthplace *—*

Name of person giving information *—* How related to deceased *2*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bright's Disease* How long *2 yrs*

Immediate *Pulmonary Edema* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Geo. T. Drub M D*

Address *Churchton Md*

Accident or Suicide? *—*



Name
in
Full

Annie Wells

CERTIFICATE OF DEATH

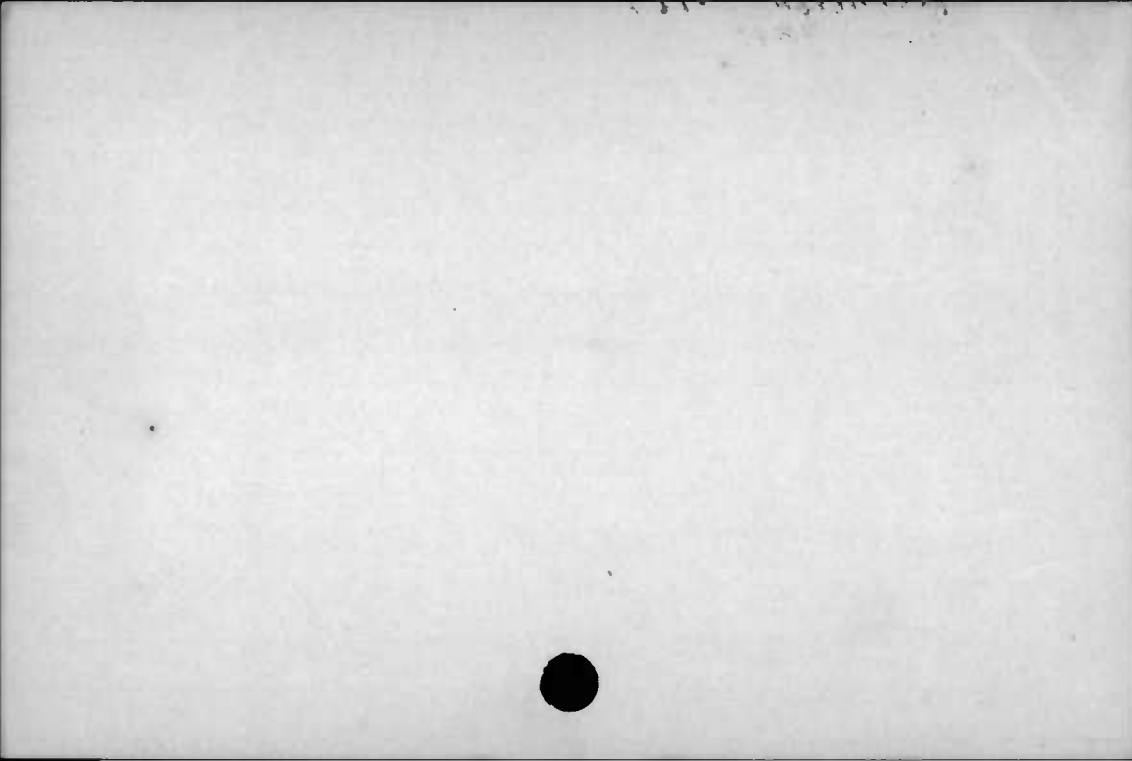
TO BE ANSWERED BY
NEAREST FRIEND

Died at		2d dist		Town		Anne Arundel		County		MARYLAND	
Date	1903	Month	Decem	Day	28	Age	40	Years	Months	Days	
Sex	Female			Color or Race	White			Birth-place	Md.		
Occupation	Housewife					Where Residing if not at place of death					
Married, Single or Widowed	Single					Name of Wife or Husband	Wells				
Father's Name						Father's Birthplace					
Mother's Maiden Name	Wells					Mother's Birthplace	Md.				
Name of person giving information	Son - 15 yrs. old					How related to deceased	2				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption		How long	1 year	
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
			None - Saw her for		
			Address		
			for months		
Accident or Suicide?					



Name
in
Full

Areanna Wells

CERTIFICATE OF DEATH

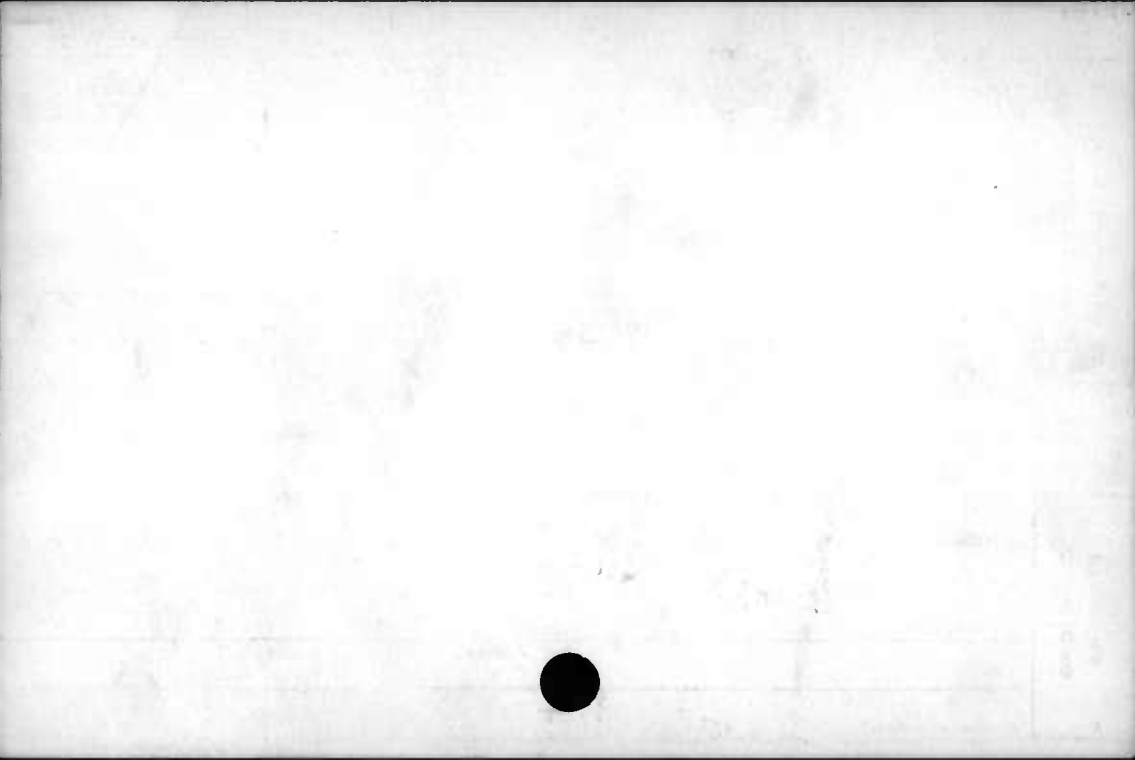
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County A. A. Co		MARYLAND	
Date of death 190	3	Month Dec	21	Age Years	75	Months	8
Sex	Female		Color or Race	Colored		Birth- place	A. A. Co. Md
Married, Single or Widowed	Widow			Occupation Housewife			
Name of Wife or Husband	John Wells						
Father's Name	Charles Philips					Father's Birthplace	A. A. Co. Md
Mother's Maiden Name	Charity Parker					Mother's Birthplace	A. A. Co. Md
Name of person giving In formation	Margaret Allen					How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of the Breast		How long	9 yrs
Immediate	Exhaustion		How long	Three weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	William Bishop
Yes		Address	14 Church Circle Annapolis Md	
Accident or Suicide?				



Name
in
Full

Charles Yericake K

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brink Bay</i> <small>Town</small> <i>of Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death <i>1903</i> <small>Year</small> <i>Dec</i> <small>Month</small> <i>12</i> <small>Day</small> <i>Age 17</i> <small>Years</small> <i>3</i> <small>Months</small> <i>5</i> <small>Days</small>			
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place	
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>30. Balt. St. Co.</i>		
Married, Single or Widowed <input checked="" type="checkbox"/> <i>Single</i>	Name of Wife or Husband		
Father's Name <i>?</i>	<i>Catchek</i>	Father's Birthplace	
Mother's Maiden Name <i>?</i>	<i>"</i>	Mother's Birthplace	
Name of person giving information	<i>2</i>	How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. W. Subchansky</i>
	Address <i>126 So. Eden St</i>
	<i>Boston</i>
Accident or Suicide?	

Copied from Balding's Black
by J. H. Watson & Anna P. H.